

24 Hour Urine Collection for 5-HIAA (LTR71419)

Last Approved Time: 11/11/2022

Revision: 2.60

Specimen will **not** be tested if label or requisition is missing information.



Caution:

The bottle contains a preservative that may burn your skin.

If liquid in bottle is splashed or spilled, wash spill immediately with water.

Following the instructions below is important for providing you with accurate test results

At your physician's appointment Discuss your medications and get your doctor's approval **before** stopping any medication.

3 days before you start the collection and during the 24 hours of collection

- Please do **not** eat avocado, eggplant, tomato, nuts (especially walnuts) and fruit (especially bananas, plums, kiwi, or pineapple).
- Please do **not** drink any fruit juice (especially bananas, plums, kiwi, or pineapple).

If approved by your doctor, do **not** take any of the following medications:

- Acetaminophen (Tylenol)
- ASA/salicylate
- Dihydrocaffeic acid
- Dihydrophenylacetic acid
- Fluorouracil
- Gentistic acid
- 3-Indoxysulfate
- Melphalan

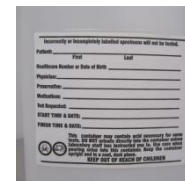
Select a time to **start**

Example:



- Completely empty your bladder (pee) into the toilet.
- Write the time and date on the container label as the Start time and date.

John Doe
12345 6700
Start **9:00am Jan 3**
Finish



Next 24 hours

The **next** time you pee and **every** time you pee for the next **24 hours**

- Urinate (pee) into a clean, dry plastic container, for example a plastic cup.
- Pour **all** urine into the bottle every time.
- Close the lid of the bottle tightly after each urine specimen is added.
- Swirl bottle after each urine specimen is added.

Please keep the bottle upright in a cool, dark place.



At the **end** of the collection



- Collect a last urine specimen exactly **24 hours after the Start time**. Please try to urinate (pee) even if you do not feel an urge. Completely empty your bladder.
- Write the time and date on the container label as the Finish time and date.
- Make sure the label has **all** of the following:
 - Full first and last name
 - Healthcare number
 - Physician name
 - Start and Finish times and dates
- Please deliver bottle to the laboratory today.

John Doe
12345 6700
Dr. Jane Smith (ABC Clinic)
Start 9:00am Jan 3
Finish **9:00am Jan 4**